

EXHIBIT 20



Payroll Change Notice

Effective Date: 06/07/04 ☒ New Hire ☐ Termination ☐ Status Change ☐ Transfer
 Month/Date/Year

☐ Compensation ☐ Job Change ☐ Bonus ☐ Disability ☐ Address Change
☐ Shift Change ☐ Leave of Absence ☐ Other

General Information

Employee # 451
 Employee Name: Tillman, Marlayna SSN: 521-28-2725
 Department: Shipping Location: Concordville Cost Center: _____
 Title: Forklift Operator Reports to: Dave Rawling Supr _____
 Name Title
 Status: ☒ Hourly ☐ Exempt ☒ Non-Exempt
☐ Regular Full Time ☐ Married ☒ Single
☐ Regular Part Time
 Date of Birth: 09/06/63 Gender: ☒ Female ☐ Male
 Month/Date/Year
 Address: P.O. Box 688 Claymont
Street Address City
DE 19703 302-762-0415
State Zip Code Country Phone

For US Only

☐ White ☒ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Veteran

Complete for Compensation & Benefits

Current Salary: \$ 12.93 Change in % % _____ Bonus % _____
 New Salary: \$ _____ Change in \$ \$ _____ Shift _____
 Rate 2 \$ _____ Rate 3 \$ _____ Pay Grade: _____
 Annual Vacation Entitlement: _____ Other: _____

Complete for Termination, Disability, Leave of Absence or Transfer

☐ Termination ☐ Disability ☐ Leave of Absence ☐ Transfer Reason: _____
 Vacation Taken: _____ Vacation Owed: _____
 Other (Give Details): _____

Additional Comments

Approvals

Site Hiring Manager _____ Title: _____ Date: _____
 X Site or Plant Manager [Signature] Title: _____ Date: 6-14-04
 Vice President _____ Title: _____ Date: _____
 Site HR Manager [Signature] Title: HR Mgr Date: 6-8-04
 Divisional HR Director _____ Title: _____ Date: _____

(All termination PCN's must be faxed to Columbus within 24 hours of termination date)

Rev 3/03 r1

PBG 01131